

INDEX OF SURGICAL PROGRESS.

GENERAL SURGERY.

I. **Clinical Observations on Erysipelas.** By DR. K. E. VON LINDEN, (Helsingfors). The 135 cases forming the material for this article were observed in the years 1878-80, in a Finnish hospital. He sums up his conclusions as follows: The duration of erysipelas varies somewhat according to the point of origin, being shortest when it starts from the head or upper extremity and longest when from a lower extremity or the trunk. It lasts longer in weakly subjects and longest in those weaklings previously subjected to an operation. Erysipelas originating after operative procedures lasts longer than otherwise. Cicatricial tissue is more disposed to its development than normal skin; possibly the same holds for regions of skin exposed to mechanical pressure.

Primary erysipelas is usually severer than recurring attacks, though after seven or eight months have elapsed this is no longer evident. Atmospheric conditions were not found to have any very marked influence.

Alcoholic injections were found more useful than carbolic. Strict Listerism proved to be a great prophylactic.—*Arch. f. klin. Chirg.* 1886, Bd. 33, Hft. iii.

W. BROWNING (Brooklyn).

II. **The Pathological Action of Corrosive Sublimate.** MM. CHARRIN and ROGER. From several experiments performed on guinea-pigs by the hypodermic injection of bichloride of mercury solutions, the above observers found that when the dose was considerable, haemorrhages into the intestinal wall were liable to be produced. The cæcum and ascending colon were the parts most affected, although occasionally the end of the small intestine was involved as well as the

large. Albuminuria and progressive wasting were the chief symptoms noticed during life.

It is asserted that a dose of 24 centigrammes (nearly four grains) is required to produce ulceration of the intestines in a full-grown man, but knowing the great susceptibility to the influence of mercury which some patients exhibit, this statement must be accepted with caution. In the animals experimented on, small spots of haemorrhage were also found in the omentum, on the outer surface of the kidneys, and into the substance of the lungs. The ultimate result of the sub-mucous haemorrhage was the formation of a black eschar, which sloughed away leaving an ulcer.—*Brit. Med. Jour.*, 1886. Oct. 9.

J. HUTCHINSON, JR. (London).

VASCULAR SYSTEM.

I. Aneurism of the Abdominal Aorta Treated by Introduction of Wire into the Sac. By F. LANGE, M. D. (New York). The patient, a man, æt. 45, was originally treated for syphilis with no effect. Finally, Loreta's operation was decided upon, viz., the introduction of wires into the sac after laparotomy; the aneurism, however, enlarged very rapid'y both in the epigastric and lumbar region about the right kidney, and one morning it became apparent that the blood had effused behind the peritoneum and in front as far as Poupart's ligament; the aneurism had become very greatly enlarged, and the patient very anæmic. An improvement upon the operation of Loreta was then performed, a needle being passed through the viscera in the epigastric and lumbar region into the sac and three metres of thin wire introduced through it; the patient did not need any anæsthetic, and the operation caused no disturbance. The swelling in the epigastric region gradually diminished, and in the lumbar region it became harder; a few days later a swelling appeared near the liver; the needle was again inserted at that point and just above Poupart's ligament; in all, 12 metres or about 30 feet of wire were introduced; a solution of chloride of sodium was then infused into the cephalic vein, the patient bearing it well, but the aneurism gradually increased. A second infusion a few days later caused slight improvement, but all further